

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/030109 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3	2					
4	2					
5	0					
6	0					
7	0					
8	0					
9	0					
10	0					
11	0					
12	0					
13	1					
14						
15	2					
16	2					
17	2					
18	2					
19						
20						
21						
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.			16			
TOTAL CLAIMS			18			

TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				